

PRESIDIO OF MONTEREY'S PROCEDURE FOR NONCONFORMITY, CORRECTIVE ACTION AND PREVENTIVE ACTION

Procedure: The Presidio of Monterey's Procedure for nonconformity, corrective action and preventive action.			
Document Owner: EMS Management Representative, Plans, Analysis, and Integration Office (PAIO) – The Presidio of Monterey (POM)		Review: EQCC	
		Date: 14 Dec 05	
Update Requirements: The Presidio of Monterey's EMS Management Representative (EMSMR) shall maintain this procedure and review it annually. This document and its revisions shall remain current for no more than one year from the effective date. The EMS Management Representative will maintain a log of document history with this procedure.			
Revision Information			
Status	Revision	Effective Date	Revision Summary
Baseline Procedure	1.0		None

A. PURPOSE

- 1) To define and document a system for implementing corrective and preventive actions taken to eliminate the causes of actual or potential nonconformances in the EMS of the US Army Presidio of Monterey.

B. SCOPE

- 1) This procedure is written to address the criteria established by Section 4.5.3 of ISO 14001:2004.

C. DEFINITIONS

- 1) Nonconformity – Non-fulfillment of a requirement.
- 2) Corrective Action – Action taken to rectify the non-conformance or to mitigate an environmental impact (real or potential) or to comply with an environmental Management Procedure or ISO 14001.
- 3) Preventive Action- Action taken to avoid repetition of the same non-conformance. This could involve modification or enforcement of procedures, or implementation of further controls.

D. Procedure for Corrective Action

- 1) Determination of the need for a corrective action is based on input from sources, such as, but not limited to, the following:

- a.** Nonconformance found during internal or third-party audits
- b.** Complaints or regulatory deficiencies
- d.** EMS problems and deficiencies found during the management review process
- e.** Suggestions or findings from POM personnel

2) A Corrective Action Request (CAR) reference number is assigned and a CAR is issued to the Directorate/tenant command in which the problem exists. The EMSMR makes every effort to discuss the corrective action with the appropriate management representative at the time of issuance. Corrective Action Requests are issued on CAR Form (POM-EMS-PR-4.5.3A). This form contains the following information (each item is followed by a brief description):

- a.** CAR Reference Number – A numbering system to allow easy reference to each corrective action.
- b.** Description of Nonconformance – A clear statement of the nature of the system deficiency or nonconformance that has been identified.
- c.** CAR Assignment/Responsibility – The location, Directorate or tenant command where the nonconformance was identified and the signature of the responsible Directorate/tenant command head, acknowledging that the existence of the nonconformance.
- d.** Root Cause Analysis – An investigation by the responsible Directorate or tenant command of the nonconformance to discover the root cause.
- e.** Corrective Action Plan – A statement, approved by the responsible Directorate/tenant command Head, describing the plan of action and committing responsible personnel to correct the problem and prevent its recurrence
- f.** Preventive Action Needed – A place for indicating whether the corrective action exposed a need for a preventive action as well.
- g.** List of Documents to be changed – List of documents that must be changed as the result of the corrective action and the date the document was changed. The EMSMR ensures the needed changes to documents are made based on input from the affected Directorate/tenant command in accordance with POM-EMS-PR-4.4.4 (Control of Documents Procedure).
- h.** EMSMR Approval – The EMSMR will approve the corrective action plan and establish a review date to assess the completion of the corrective action.
- i.** Verification – A section for the EMSMR to document successful implementation of the corrective action.
- j.** Closure – The EMSMR documents that the corrective action has been completed and changes to appropriate documents have been made. When this section is completed, the CAR is considered closed.

- 3) The Directorate/tenant command head reviews the CAR.**
 - a.** If the Directorate/tenant command head agrees with the details of the nonconformance, he or she signs and dates the form.
 - b.** If the Directorate/tenant command head disagrees or has questions, he or she contacts the EMSMR for additional information. The EMSMR provides the information or takes other appropriate steps to establish acceptance of the CAR by the Directorate/tenant command head.
- 4) The Directorate/tenant command head initiates appropriate actions to investigate the extent of the problem and determine the root cause(s).**
- 5) The Directorate/tenant command head completes the Action Plan section of the CAR detailing responsibilities assigned and specific deadlines to address the nonconformance. The Directorate/tenant command head also lists documents to be changed.**
- 6) If the action plan requires changes to documents, the Directorate/tenant command head attaches copies of the documents to the CAR, indicating the required changes made. The EMSMR makes changes according to POM-EMS-PR-4.5.4 (Control of Documents Procedure).**
- 7) The Directorate/tenant command head signs the CAR to indicate approval of the action plan and document list, then returns a copy to the EMSMR.**
- 8) The EMSMR reviews the action plan implementation date(s) and list of documents submitted by the Directorate/tenant command head.**
 - a.** If the EMSMR finds the proposed plan, date(s), and/or document list acceptable, he or she signs the CAR.
 - b.** If the EMSMR finds the proposed plan, date(s) and/or document list unacceptable, he or she works with the Directorate/tenant command head to prepare an appropriate plan, implementation date(s) and/or document list.
- 9) The Directorate/tenant command head initiates the corrective action and ensures the action is implemented according to plan.**
- 10) The EMSMR ensures that each corrective action in-progress is reviewed prior to its completion date; at least on a quarterly basis. If necessary, he or she may grant an extension. The EMSMR tracks CARs on the Corrective Action Tracking Log (POM-EMS-PR-4.5.3B)**
- 11) The EMSMR verifies completion of the corrective action. If the corrective action has been completed successfully, the EMSMR indicates completion in the “verification” section of the CAR. If it has not been completed successfully, the EMSMR reissues the CAR to the Directorate/tenant command head.**

12) After the verification section has been completed and any relevant documents have been revised and reissued, the EMSMR reviews the CAR and signs the “closure” section. This process closes out the CAR. The EMSMR retains a copy of the completed CAR in accordance with POM-EMS-PR-4.5.4 (Control of Records Procedure).

13) The EMSMR submits relevant information on actions taken to the EQCC for review.

14) The EQCC reviews progress on CARs in accordance with POM-EMS-PR-4.6 (Management Review Procedure).

E. PROCEDURE FOR PREVENTIVE ACTION

1) The EMSMR, in cooperation with Public Works-Environmental (PWE), reviews the need for a preventive action based on input from sources, such as, but not limited to, the following:

- a. Nonconformance found during internal or third-party audits
- b. Environmental CARs
- c. Complaints or potential regulatory concerns
- d. Suggestions or findings from POM personnel

2) The EMSMR assigns a PAR reference number and issues a PAR to the Directorate/tenant command head in which the potential problem exists. The EMSMR makes every effort to discuss the preventive action with the Directorate/tenant command head at the time of issue. PARs are issued on POM’s PAR Form (POM-EMS-PR-4.5.3C). This form contains the following information (each item is followed by a brief description):

- a.** PAR Reference Number – A numbering system to allow easy reference to each preventive action.
- b.** Description of Potential Nonconformance – A clear statement of the nature of the potential system deficiency or nonconformance that has been identified.
- c.** PAR Assignment/Responsibility – The location or department where the potential nonconformance was identified and the signature of the Directorate/tenant command head responsible, acknowledging that the potential nonconformance exists.
- d.** Action Plan – A preventive action plan describing the plan of action and committing responsible personnel to correct the problem and prevent its recurrence.
- e.** List of Documents to be changed – List of documents that must be changed as a result of the preventive action and the date the document changed. The EMSMR ensures the needed changes to documents are made based on input from the affected Directorate/tenant command in accordance with POM-EMS-PR-4.4.4 (Control of Documents Procedure).
- f.** EMSMR Approval – The EMSMR will approve the preventive action plan and set a planned review date to assess the completion of the preventive action.

g. Verification – A section for the EMSMR to indicate the successful implementation of the preventive action.

h. Closure – The EMSMR indicates the preventive action has been completed and changes to appropriate documents have been made. When this section is completed, the PAR is considered closed.

3) The Directorate/tenant command head reviews the PAR.

a. If the Directorate/tenant command head agrees with the details of the potential nonconformance, he or she signs and dates the form.

b. If the Directorate/tenant command head has disagreements or questions, he or she contacts the EMSMR for additional information. The EMSMR provides the information or takes other appropriate steps to establish acceptance of the PAR by the Directorate/tenant command head.

4) The Directorate/tenant command head completes the Action Plan section of the PAR detailing the plan, responsible personnel assigned and specific deadlines to address the nonconformance. The Directorate/tenant command head also lists documents to be changed.

5) If the action plan requires changes to documents, the Directorate/tenant command head attaches a copy of the documents to the PAR, indicating the required changes. The EMSMR makes changes according to POM-EMS-PR-4.4.4 (Control of Documents Procedure).

6) The Directorate/tenant command head signs the PAR to indicate approval of the action plan and document list and returns a copy to the EMSMR.

7) The EMSMR reviews the action plan, implementation date(s) and list of documents submitted by the Directorate/tenant command head.

a. If the EMSMR finds the proposed plan, date(s) and/or document list acceptable, he or she signs the PAR.

b. If the EMSMR finds the proposed plan, date(s) and/or document list unacceptable, he or she works with the Directorate/tenant command to prepare appropriate plan, implementation date(s) and/or document list.

8) The Directorate/tenant command head initiates the preventive action and ensures it is implemented according to plan.

9) The EMSMR ensures that each preventive action in-progress is reviewed prior to its completion date and at least on a quarterly basis. If necessary, he or she may grant an extension. The EMSMR tracks PARs on the Preventive Action Tracking Log (POM-EMS-PR-4.5.3D).

- 10)** The EMSMR verifies completion of the preventive action. If the preventive action has been completed successfully, the EMSMR indicates this in the “verification” section of the PAR form. If the preventive action has not been completed successfully, the EMSMR reissues the PAR to the Directorate/tenant command head.
- 11)** After the verification section has been completed and any relevant documents have been revised and reissued, the EMSMR reviews the PAR and signs the “closure” section. This process closes out the PAR. The EMSMR retains a copy of the completed PAR in accordance with POM-EMS-PR-4.5.4 (Control of Records Procedure).
- 12)** The EMSMR submits relevant information on actions taken for review to the EQCC.
- 13)** The EQCC reviews progress on PARs in accordance with POM-EMS-PR-4.6 (Management Review Procedure).

F. RESPONSIBILITIES

1) EMS Management Representative (EMSMR)

- a.** Reviews the need for corrective and preventive actions, in cooperation with PWE, based on input from sources per Procedure for Corrective Action Section D.1 and Procedure for Preventive Action Section E.1, respectively.
- b.** Issues Corrective Action Requests (CARs) per Procedure for Corrective Action Section D.2 to the Directorate/tenant command head in which the non-conformity exists.
- c.** Issues Preventive Action Requests (PARs) per Procedure for Preventive Action Section E.2 to appropriate Directorate/tenant command head.
- d.** Reviews corrective and preventive action plans and implementation date(s) submitted by the Directorate/tenant command head(s) per Procedure for Corrective Action Section D.8 and Procedure for Preventive Action Section E.7, respectively.
- e.** Makes necessary changes to documents in accordance with POM-EMS-PR-4.4.4 (Control of Documents Procedure).
- f.** Ensures that each corrective and preventive action is reviewed prior to its implementation date(s) and at least quarterly. If necessary, grants an extension. Tracks progress on CARs on the Corrective Action Tracking Log (POM-EMS-PR-4.5.3B) and on PARs on the Preventive Action Tracking Log (POM-EMS-PR-4.5.3D).
- g.** Verifies completion of corrective and preventive actions. If completed successfully, indicates completion in the “verification” section of the CAR or PAR. If not, reissues the CAR or PAR to the appropriate Directorate/tenant command head.

- h.** Reviews CARs and PARs and signs the closure section after the verification section is completed and any relevant documents have been revised and reissued.
- i.** Maintains closed CARs and PARs per POM-EMS-PR-4.5.4 (Control of Records Procedure).
- j.** Submits relevant information to the Environmental Quality Control Committee (EQCC) regarding corrective and preventive actions.

2) Environmental Quality Control Committee (EQCC)

- a.** Reviews ongoing and completed CARs and PARs as part of the management review process in accordance with POM-EMS-PR-4.6 (Management Review Procedure).

3) Directorate/tenant command heads

- a.** Following receipt from the EMSMR, reviews CARs and PARs per Procedure for Corrective Action Section D.3 and Procedure for Preventive Action Section E.3, respectively.
- b.** Initiates appropriate actions to investigate the extent of the nonconformance and identify the root cause(s).
- c.** Submits corrective and preventive action plans to the EMSMR per Procedure for Corrective Action Section D.5 and Procedure for Preventive Action section E.4, respectively.
- d.** On CARs and PARs, lists documents requiring changes due to corrective and preventive actions, respectively. Signs and returns CARs and PARs with completed action plans, and copies of documents with required changes attached, to the EMSMR.
- e.** Works with the EMSMR to resolve any issues with action plans.
- f.** Initiates corrective and preventive actions and ensures that they are implemented according to plans.

G. ATTACHMENTS

- 1)** Corrective Action Request (CAR) Form (POM-EMS-PR-4.5.3A)
- 2)** Corrective Action Tracking Log (POM-EMS-PR-4.5.3B)
- 3)** Preventive Action Request (PAR) Form (POM-EMS-PR-4.5.3C)
- 4)** Preventive Action Tracking Log (POM-EMS-PR-4.5.3D)

Attachment A. Corrective Action Request (CAR) Form

CAR Reference No. _____ Date of Issue _____

DESCRIPTION OF NONCONFORMANCE / SYSTEM DEFICIENCY

Assignment/Responsibility: Directorate _____
Directorate/tenant command Directorate/tenant command Head _____
Acceptance of CAR: Date _____ Signature: _____

ROOT CAUSE ANALYSIS

What is the ROOT cause of the non-conformance? Attach additional if needed.

CORRECTIVE ACTION PLAN

Describe the corrective action plan. Detail WHO will do WHAT by WHEN. Attach additional if needed.

Will the Corrective Action changes be permanent?	YES	NO
Does the Corrective Action require document changes?	YES	NO

List documents to be changed.

Document	Date Changed
_____	_____
_____	_____
_____	_____
_____	_____

Directorate/tenant command Directorate/tenant command Head Approval
_____ Date _____

EMSMR Approval _____

Date _____

VERIFICATION

Initial Verification Date _____

Implemented _____

Not Implemented _____

Verified by: _____

First Extension Date _____

Implemented _____

Not Implemented _____

Verified by: _____

COMMENTS

Closed Date: _____

Signed: _____

Attachment B. Corrective Action Tracking Log

[illegible]

Attachment C. Preventive Action Request (PAR) Form

PAR Reference No. _____

Date of Issue _____

DESCRIPTION OF POTENTIAL NONCONFORMANCE / SYSTEM DEFICIENCY

Assignment/Responsibility: _____

Directorate/tenant command head _____

Acceptance of PAR: Date _____ Signature: _____

ACTION PLAN

If action has been taken or suggested to prevent this non-conformance in another area, it will be attached to this form. Standardization is recommended if possible. If there is no suggested action plan, please explain why and detail a plan which will prevent this potential non-conformance. State WHO will do WHAT by WHEN.

Is this PAR a result of a CAR? YES NO CAR # _____

Will the Preventive Action changes be permanent? YES NO

Does the Preventive Action require document changes? YES NO

List documents to be changed.

Document

Date Changed

Directorate/tenant command Directorate/tenant command Head

Approval _____ Date _____

EMSMR Approval _____ Date _____

Planned review date: _____

VERIFICATION

Initial Verification Date _____ Implemented _____ Not Implemented _____

Verified by: _____

First Extension Date _____ Implemented _____ Not Implemented _____

Verified by: _____

COMMENTS

Closed Date: _____ Signed: _____

Attachment D. Preventive Action Tracking Log

[illegible]